년3. Department of Labor Office of Labc. -Management Standards Washington, DC 20210

5. Position in labor organization.

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
1. File Number U - 5655		2. Fiscal Year Covered From:  01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Curtis E.	Chick Jr.	Name Sheet Matal Workers' Local #36  Labor Organization File Number 035367
P.O. Box, Bidg., Room No., if any		P.O. Box, Building arx: Room Number, if any
Street 1902 Sun Meadow		Street 301 Sout - Ewing Avenue
City Jefferson City		City St. Louis
State Missouri	ZIP Ccda + 4 65109	State Missouri ZIP Code + 4 63103

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests

**Business Representative** 

(except as specimed in the exclusions set forth in the institutions):					
A. Held an interest in, engaged in tran monetary value from an employer w	nsactions (including loans) whose employees your organism	rith, or derived income or other economic benefit of anization represents or is act vely seeking to represent.			
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		7.b. Amount			
Street					
City					
State	ZIP Cods + 4				

Signature

15. Signature and verification. The undersigned disclares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
and any controlly and a series	

Signed Late Elbert	On	08/05/05 Date	(573) 642-1833 Telephone Number	

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic beriefit with monetary value from a business (1) consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, it any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization  X b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Coda + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name MO-KAN SHEET METAL WORKERS WELFARE FUND	Trustee Training Seminar 05/04/04 Industry Week				
Trade Name, if any:	Registration Fee				
P.O. Box, Bldg., Room No., if any					
Street 406 West 34th Street, Suite #603	11.b. Approximate doller value of such dealing. \$325.00				
<sup>City</sup> Kansas City	12.a. Nature of interest hold or income received.				
State Missouri ZIP Ccde + 4 64111					
	·				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City					
State ZIP Ccde + 4					
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.				

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